

inflamed finger with a blister. After ulceration has taken place, the best application we have found to be an ointment composed of four parts of basilicon and one of red precipitate; an ointment composed of one drachm of the precipitate ointment, fifteen grains of sulphate of zinc, and one ounce of lard or simple cerate, will often be found of advantage. A plan, originally proposed by Dr. Perkins, of Philadelphia, and recommended by Dr. Physick, was to sprinkle the diseased surfaces with a powder composed of equal parts of sulphate of zinc and corrosive sublimate, and then to cover them with a pledget of lint soaked in laudanum.

To promote the cicatrization of the ulcer, the patient should be placed in a pure, free atmosphere, take daily out-door exercise, and partake of a light, wholesome diet. The bowels should be kept free by mild laxatives, and when there is evident derangement of the alimentary canal, occasional doses of blue mass, and light bitters or tonics, will be advisable.

When only the upper portion of the nail is detached, the ulceration not implicating the matrix, after removing carefully the loose portion with the knife or scissors, under the treatment just pointed out, the ulcer, in general, soon assumes a healthy aspect and cicatrizes perfectly; but when, as is generally the case, the disease commences at the lower part of the nail, a portion of its root being detached, unless the whole of the matrix is removed, the ulceration may be kept up, and the patient's sufferings prolonged for many months.

The foregoing remarks upon the diseases treated of in the dissertation of Dr. Benjamin, have been suggested by a perusal of its several sections. While we have been pleased, in general, with the accuracy of the author's descriptions, and much that he advances in regard to the etiology of the so-called diseases of the nails, we differ from him very far as to their proper treatment. That laid down by him for the cure of incarnation of the nail is founded upon a misconception of the nature of the accident it is intended to remedy—it inflicts unnecessary suffering, and is inferior even in efficacy to the plan we have referred to above.

D. F. C.

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ART. XXIV.—*Southern Medical Reports; consisting of General and Special Reports on the Medical Topography, Meteorology, and Prevalent Diseases in the following States: Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee, Texas.* To be published Annually. Edited by E. D. FENNER, M.D., etc. etc., of New Orleans. New Orleans and New York: Vol. I. 1849: 8vo. pp. 472.

It is gratifying to observe the attention that is beginning to be bestowed by our physicians to the investigation of the medical topography, in connection with the prevailing diseases, of the different sections of the United States. The investigation is a highly important one, inasmuch as it is from the materials it is calculated to afford that we are to derive our means for the elucidation of some of the most interesting points in relation to the etiology of many diseases, especially of those endemic to particular sections or districts of country, or to particular localities.

The work of Dr. Drake, on the medical topography and diseases of the interior valley of North America, and the cotemporaneous one of Dr. Fenner, on the same subjects in reference to the several southern States, furnish most valuable contributions towards a full and accurate exposition of the etiology of the prevalent diseases of a considerable portion of our wide extended country. While we bespeak for the works of these gentlemen the liberal patronage of the profession, we cherish the hope that their labours may be the means of stimulating physicians in the Northern and Middle States to an investigation of the medical topography and prevalent diseases of their own neighbourhoods. Were physicians, in the different sections of each State, to devote a portion of their time to such investigation, a series of observations would soon be accumulated, from which results of incalculable value might be deduced.

The work of Dr. Fenner—a volume of which it is his intention to publish

annually—consists of reports on the medical topography, meteorology, and prevalent diseases of the several Southern States, from physicians residing in different portions of those States. The plan is an admirable one, and cannot fail to render the work a rich collection of materials, in relation to the subjects indicated, from which the etiologist may derive the clearest light to assist him in the investigation of the causation of endemic diseases.

Derived from different sources, and embodying observations more or less numerous and extended, and recorded with more or less minuteness and precision—the authors occasionally throwing aside the character of simple chroniclers of the actual facts and phenomena they have observed, to devote themselves to the more seductive task of weaving hypotheses—the reports contained in the volume before us differ, as would very naturally be expected, somewhat in value: they are all, however, interesting—several of them peculiarly so.

An analysis of the contents of this first volume of *Southern Medical Reports* would occupy considerable space, and we are persuaded that it would be unnecessary to attempt such analysis, as all who are interested in the subjects embraced in these reports, as well as those who are really desirous of promoting a national medical literature, will not fail to provide themselves with a copy of the work.

In the report of Dr. Fenner, on “the fevers of New Orleans,” will be found some important suggestions in relation to the nature and treatment of the yellow fever of that city. We have long entertained the opinion that the malignant form of fever endemic to the city of New Orleans, and usually denominated yellow fever, was nothing more than an aggravated form of bilious fever. This opinion is confirmed by the statements of Dr. Fenner:—

“In New Orleans,” he remarks, “we have met with all the forms of endemic fever which were familiar to us in the country (West Tennessee, Mississippi, and Madison Parish, La.), with the addition of yellow fever and ship fever, or genuine typhus. We have found those common to the city and country to prevail at the same season, and in a similar manner, excepting that we met with a more rapid and malignant congestive fever in the country than in the city, and the bilious remittents of the country retain their character throughout more than they do in the city. Here, in the summer and autumn, they have a decided tendency to *crisis by hemorrhage*. This makes *yellow fever*—it forms the true characteristic difference between the high grades of summer and autumnal fever in the city and country, and *must depend on locality and attendant circumstances*. We have intermittent, remittent, and continued fevers, alternating in type and running into each other, just as they do in the country. Intermittent fever prevails here throughout the year as it does in the country. During the healthiest years, it predominates over all other types; but during the sicklier years, in the country, it runs into remittent, bilious, and congestive, whilst in the city it runs into yellow fever.”

The true yellow fever we believe to be a disease strictly specific in its character—and very distinct from intermittent or bilious remittent fever—well marked in its diagnostic characteristics, and, in a strict pathological sense, never connected with nor terminating in remittent fever.

It is due to Dr. Fenner to say that, in the course of his report, he somewhat modifies his opinion in regard to the character of yellow. After stating, explicitly, that intermittents, remittents, and yellow fever are “all the *same disease, differing only in grade and stage*,” he subsequently declares that he does not assert, with Rush and others,

“That yellow fever is nothing but a *high grade of bilious fever*; for we admit that the latter is sometimes the most malignant of the two, without displaying the characteristic features of the former. Our position is, that *yellow fever is only one of the forms of endemic fever* (malarious, if you will), *which derives its characteristic features from the locality and attendant circumstances where it prevails*.”

Dr. Fenner's plan of treating yellow fever, we give in his own words:—

“When called to a case within twenty-four or thirty-six hours of the attack, we seldom failed to cut short the fever by large doses of the sulphate of quinine

in combination with opium or morphia, frequently followed by a little blue mass or calomel. Our usual mode of proceeding in this stage is, to order, at first, a hot mustard foot-bath, and a purgative enema—then to give to an adult twenty-five or thirty grains of quinine with twenty-five or thirty drops of laudanum, or one or two grains of opium, or the fourth of a grain of sulphate morphia, at one dose. This would generally reduce the vascular and nervous excitement completely in the course of a few hours, throw the patient into a profuse perspiration, relieve all pain, and produce sleep. The bowels were kept open by some gentle means, and more or less quinine was repeated as occasion required. We recollect but one fever patient that required cupping, and we did not have a single one bled from the arm.

“In the early stage of yellow fever, the derangement of the system is *entirely functional*, and consists, chiefly, in *lesion of innervation*. In the advanced stages, it is altogether a different affair. *Organic lesions have then taken place, and the blood is altered*. As soon as the attack is fully developed, the indications are, to reduce nervous and vascular excitement, relieve pain, and keep the principal emunctories (skin, liver, kidneys, &c.) in steady and free action, thus arresting diseased action in the incipient stage. Experience has proved that all this *can be done* by the remedies just mentioned, if resorted to *early enough*. In the advanced stages, you have a different state of things—you have to contend with engorgement of the gastro-intestinal mucous membrane, and of the liver, spleen, kidneys, and brain; a sluggish circulation of altered blood, and an arrest of all the most important secretions. The nervous centres, which first suffered and complained, now become calm and composed, the intellect generally retains its natural clearness, and the patient is often lulled into an illusive sense of safety, whilst the experienced physician knows that *irreparable injury has been already done*. In these latter stages, the physician should abstain from attempting to do too much. The main reliance must be upon the energies of the constitution, which are to be aided and fostered with the utmost circumspection. The indications are, to husband, carefully, the remaining strength, to keep the circulation and excitement as well equalized as possible, to restore the suspended secretions, and to keep up the process of nutrition. To fulfil these, we endeavour to enforce the most perfect quietude, and resort to blisters, warm sponging, fomentations, carminative antacid mixtures, gentle stimulants, and mild nourishment.”

The report, by the same author, on “the epidemic colic which prevailed in the city of New Orleans, during the summer of 1849,” is full of interest.

The majority of the reports, in the volume before us, are in reference to epidemic cholera, as it appeared at different localities in the southern States. We would particularly refer to that of Dr. Booth, “on the cholera of Lafourche, interior,” as one replete with sensible observations in reference to the disease. We lay out of question the speculative opinions of the author; his remarks on the management of the disease are, generally speaking, sound, and deserving of close attention on the part of the profession.

The annual report of the New Orleans Board of Health, for 1849, which is published here entire, we have noticed in another part of the present number of the *Journal*.

We recommend the work of Dr. Fenner to the notice of the physicians of the United States—as well those located in the Northern, Eastern, and Western, as in the southern sections of the Union. As a collection of valuable contributions on subjects of immense importance to all—whether these contributions were originally prepared for the work itself, or appeared originally in one or other of the medical journals of the day—it is deserving of an attentive perusal upon the part of all who desire information in relation to the several forms and locations of the leading diseases endemic to our country, while from its pages facts and observations will be derived calculated to throw light upon the etiology, character, and treatment of those affections which prevail in other portions of the Union than that comprised within the limits of the southern States.

D. F. C.